

**CATEGORICAL DATA  
ANALYSIS II:  
Confounding and  
Stratified Data Analysis**

# Categorical Tests of Association

## ▶ Strength of Association

- OR – 2x2 Tables
- Spearman – RxC Tables

## ▶ Statistical Tests

### ▶ Chi Square – Nominal x Nominal

- Uncertainty Coefficient for Strength

### ▶ M-H Chi Square - Ordinal X Ordinal

- Spearman for strength

### ▶ Pearson Chi Square with Exact– small numbers

- Fisher's – 2x2 Tables



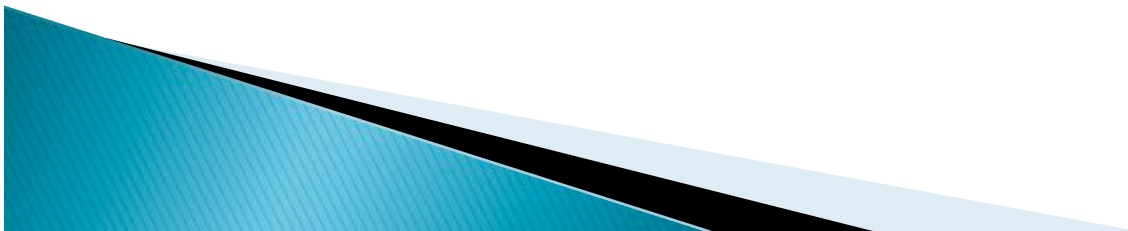
# Brief Review of Confounding

- ▶ a cause of the disease under study
- ▶ associated with exposure
- ▶ not a mediator
  - an extraneous variable that wholly or partially accounts for the apparent effect of exposure on disease (Schlesselman)
  - Any cause (risk factor) for a disease is a potential confounder
  - may be a 'proxy' for a cause and association independent of exposure (Hennekens)
  - positive or negative confounding



# Breast Feeding and Breast Cancer

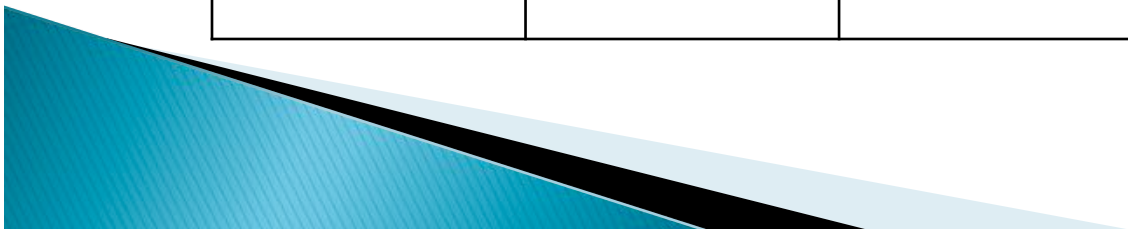
- ▶ more breast feeding = less breast CA
  - *Breast feed to protect against cancer....*
- ▶ more breast feeding = more children
  - *Have babies to protect against cancer...*
- ▶ more children = young age at first full-term pregnancy
  - *Have babies early and often...*



Comparing the unadjusted to the adjusted measure of effect is the key to assessing for confounding

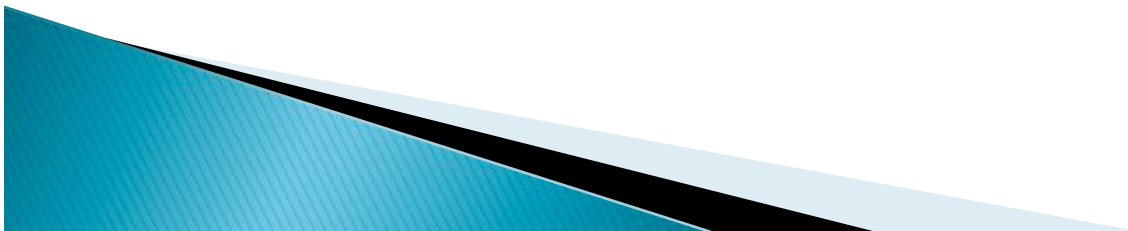
## Myocardial Infarction

Coffee Drinking		Yes	No	
	Yes	90	60	150
No	60	90	150	
	150	150	300	

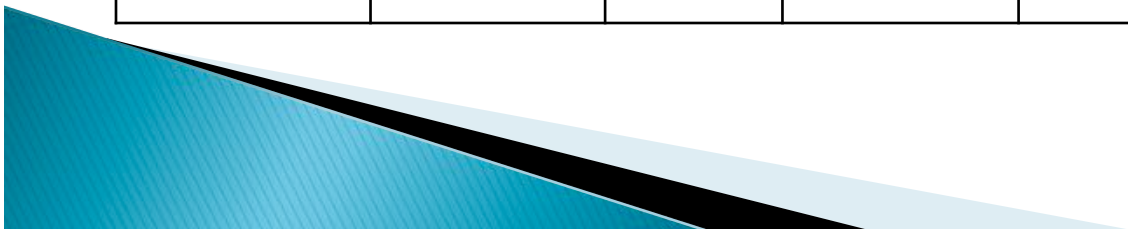


# Coffee Drinking and MI:

- ▶ **OR =  $ad/bc = (90)(60) / (60)(90) = 2.25$**
- ▶ **Smoking?**
- ▶ **Look at data within homogenous groups with and without the potential confounder**



	Smokers			Non-Smokers		
	MI	No MI		MI	No MI	
Coffee	80	40	120	10	20	30
No Coffee	20	10	30	40	80	120
Totals	100	50		50	100	
	OR = 1.0			OR = 1.0		





# Controlling for Confounding

## ▶ Design

- randomization
- restriction
- matching

## ▶ *Analysis*

- *Stratification*
  - *compare the crude to the adjusted measure of effect*
- multivariate analysis

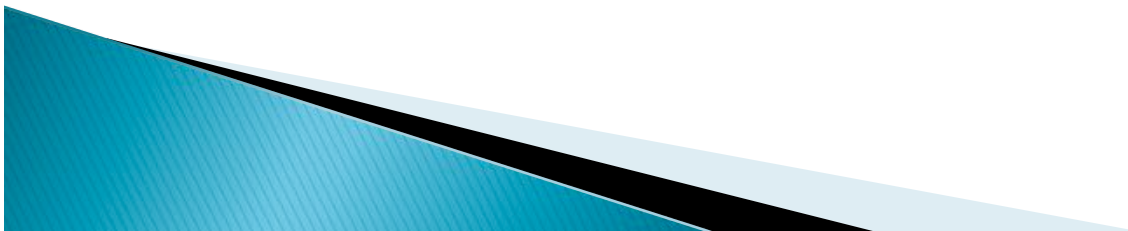
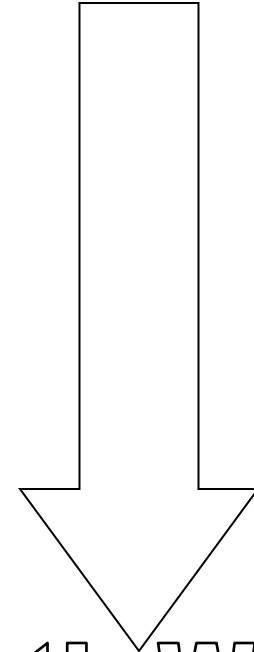
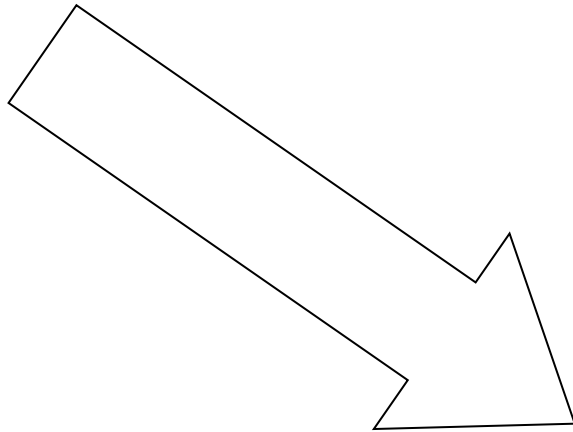
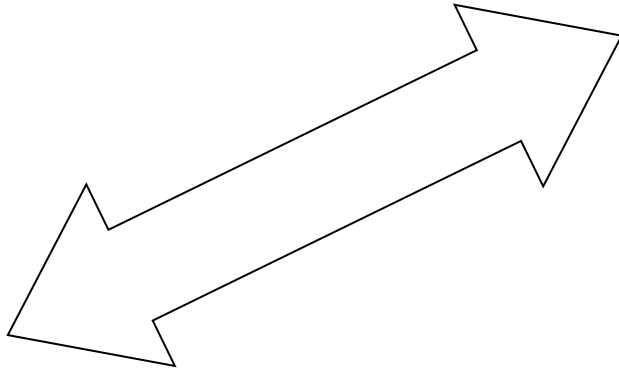


Pre-Term Labor

Uterine Irritability

?

Low Birth Weight



# Cochran-Mantel-Haenszel statistic (CMH)

- ▶ combines the results of the stratum-specific comparisons
  - weighted average of the stratum effects
  - weight based on the precision of the effect and the size of the stratum
- ▶ → *results in an adjusted OR*
- ▶ *large + association at one level, can affect a - association at another*
  - *Consider interaction first*
- ▶ **3 types of CMH:**
  - Type 1 for linear association of ordinal by ordinal
  - Type 2 that raw mean scores of ordinal differ by nominal
  - Type 3 for general association of nominal by nominal

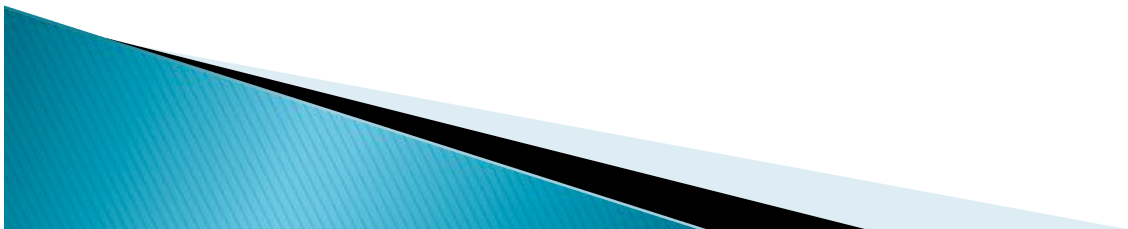


# Cochran-Mantel-Haenszel Statistics

<u>Row Variable</u>	<u>Column Variable</u>	<u>CMH Type</u>	<u>Alternate Hypothesis</u>
Ordinal	Ordinal	1	Linear Association
Nominal	Ordinal	2	Row Mean Scores Differ
Nominal	Nominal	3	General Association

# Adjusted ORs in PROC FREQ

- ▶ **the Mantel-Haenszel (MH) estimator**
  - weighted average of stratum specific OR's
  - can handle zero frequencies
- ▶ **logit-based estimator**
  - weighted average of log-odds ratios
  - zero frequencies a computational problem
  - adds  $\frac{1}{2}$  to zero cells
- ▶ **Recommendation to use MH estimator with small sample sizes**



# Adjusted Odds Ratio

Mantel-Haenszel estimator

- weighted average of stratum-specific odds ratios
- handles zero frequencies with no difficulty.

Logit-based estimator

- weighted average of stratum-specific log-odds ratios
- has a problem with zero frequencies.

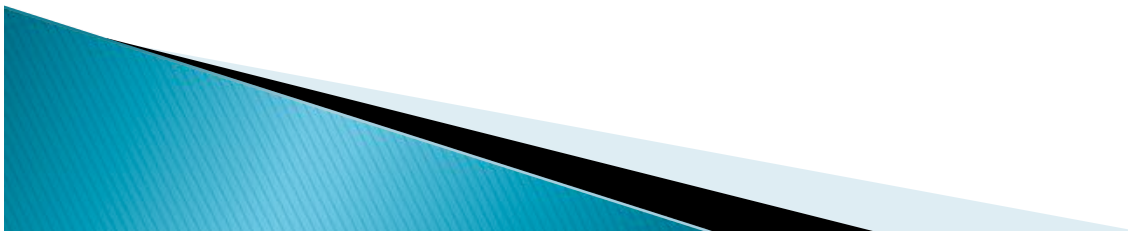
# Confounding in the Setting of Interaction

- ▶ MH based on assumption OR constant across strata
  - assumption is not met in the setting of interaction
  - *Important to check for interaction first.*
- ▶ Breslow-Day statistic
  - check for homogeneity of OR across strata
  - has  $\chi^2$  distribution
  - requires appropriately large sample size (recall, 80% cells > 5, no cells < 1)
    - *Tarone's adjustment to correct for a perceived inefficiency of  $\chi^2$  when small sample sizes*
    - *SAS also has options to request exact tests for odds ratios when small numbers*
  - can be misleading if OR's vary across 1
- ▶ Requesting B-D also provides the CMH

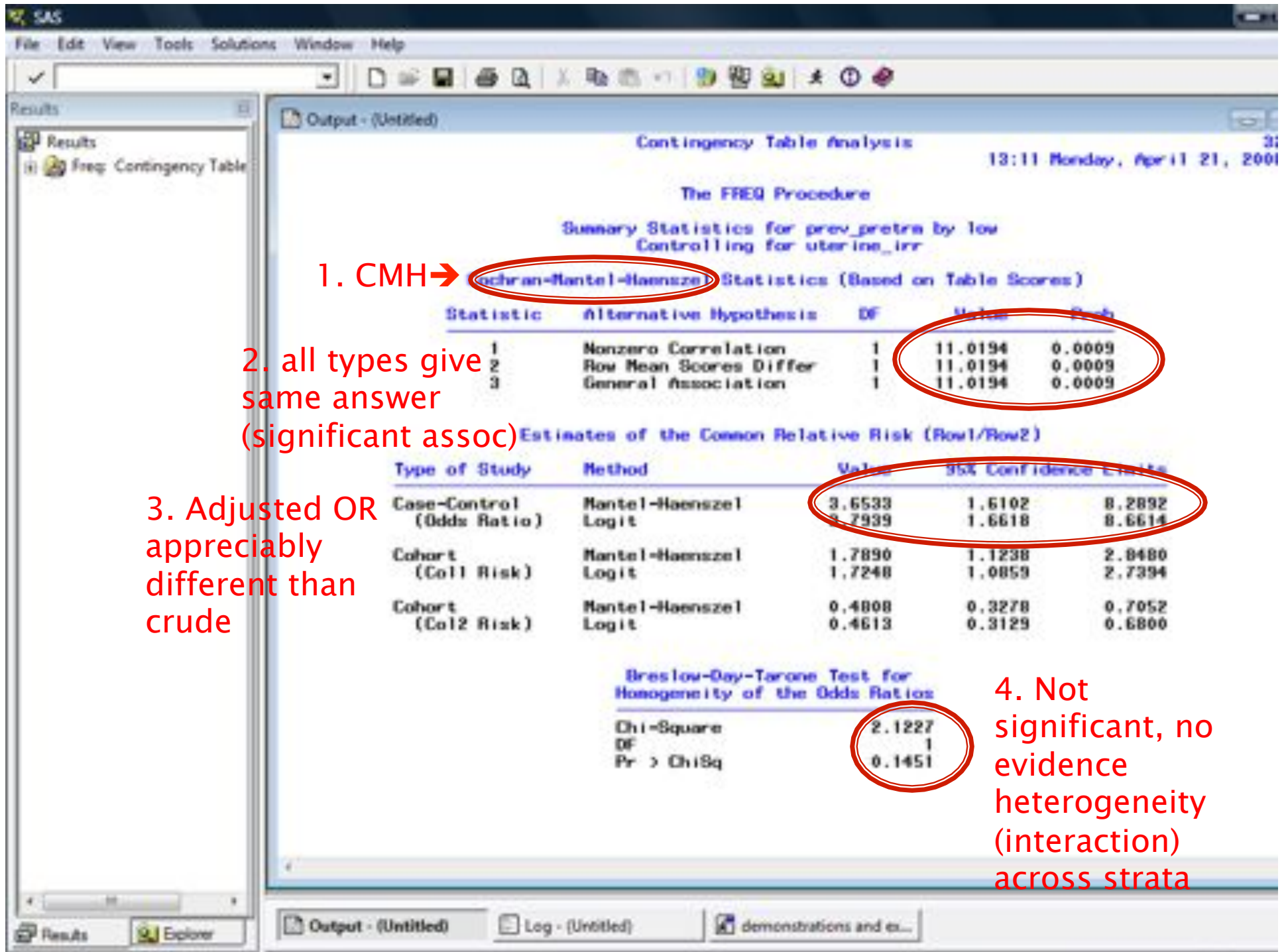


# Stratified Analysis Syntax

- ▶ stratum-specific estimates:
  - `proc freq data=your.data;`
  - `tables confounder*exposure*outcome /`
  - `measures;`
  - `run;`
  
- ▶ pooled estimate
  - `proc freq data=your.data;`
  - `tables confounder*exposure*outcome /`
  - `all bdt;`
  - `run;`







# Stratified Analysis in SAS

- ▶ **PROC FREQ** for univariate and stratified analysis
- ▶ for 2x2 table OR is the measure of choice, if > 2x2, other options
- ▶ Key to looking for confounding and interaction, is to compare the crude to the adjusted rates
- ▶ when you find confounding, consider interaction
  - breslow-day to assess homogeneity of OR
- ▶ do frequency table analysis for all potential confounders
  - create a table comparing crude effects to adjusted effects
  - summarize main effects and potential confounders



# What about 2x2 tables....?

		Outcome		
Treatment		Favorable	Un-favorable	
	Placebo	16	48	64
	Test	40	20	60



# What about 2x2 tables...?

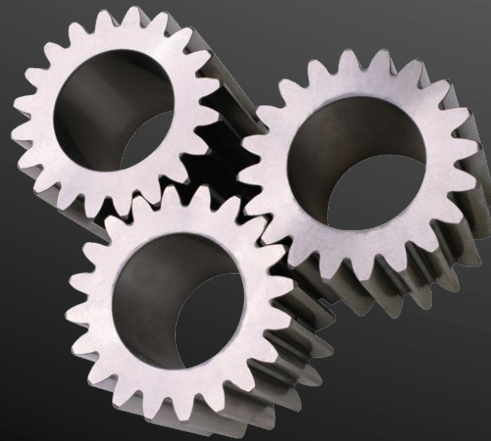
- ▶
- ▶ data respire;
- ▶ input treat \$ outcome \$ count ;
- ▶ cards;
- ▶ placebo f 16
- ▶ placebo u 48
- ▶ test f 40
- ▶ test u 20
- ▶ ;
- ▶ proc freq;
- ▶ weight count; ← ← ←
- ▶ tables treat\*outcome;
- ▶ run;
- ▶
- ▶ /\* pages 11–12 of Categorical Data Analysis \*/



# DEMONSTRATION: STRATIFIED ANALYSIS AND CONFOUNDING



# PUTTING IT TOGETHER: CATEGORICAL II





# ASSIGNMENT 2: CATEGORICAL TESTS OF SIGNIFICANCE, MEASURES OF ASSOCIATION, CONTINGENCY TABLE ANALYSIS

